

To: The City of Santa Barbara Affordable Housing Program Staff

Please add my information to your affordable housing "Interest List" data base:

NAME _____ Phone: _____

ADDRESS _____ Phone: _____

_____ Email: _____

HOUSEHOLD SIZE [*a household is a domestic unit that currently lives together*]:

_____ Adults over 18 years

_____ Children under 18 years

INCOME CATEGORY [*Based upon household size and total annual income*] _____

Effective 2-2005	HOUSEHOLD SIZE					
Category	1	2	3	4	5	6
Median	45,300	51,800	58,200	64,700	69,900	75,100
Very Low	22,650	25,900	29,100	32,350	34,950	37,550
Low	36,250	41,400	46,600	51,750	55,900	60,050
Moderate	54,360	62,160	69,840	77,640	83,880	90,120
Middle	72,480	82,880	93,120	103,520	111,840	120,160
Upper-Middle	90,600	103,600	116,400	129,400	139,800	150,200
	TOTAL GROSS ANNUAL INCOME					

These figures change annually

OPTIONAL INFORMATION:

I have been prequalified for a loan in the approximate amount of \$ _____ and my down payment in cash is approximately \$ _____.

By signing below, I grant the City of Santa Barbara authority to provide information shown here to sellers and developers of City affordable housing units. I acknowledge that I have received a copy of the City of Santa Barbara's Affordable Housing Summary. I further acknowledge that I must update my information six months from the date below in order for my information to remain in your data base.

Signature

Date

RETURN TO:

CITY OF SANTA BARBARA
HOUSING PROGRAMS-dr
PO BOX 1990
SANTA BARBARA, CA 93102-1990